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APPLICANTS

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**** CONTINUING DATA *******This appln claims benefit of 60/466,277 04/30/2003 *JHM***** FOREIGN APPLICATIONS ********Name JHM***IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY ****

** 06/22/2004

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY LA	SHEETS DRAWING 3	TOTAL CLAIMS 20	INDEPENDENT CLAIMS 3
35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met				
Verified and Acknowledged <i>JHM</i> Examiner's Signature <i>JHM</i> Initials <i>JHM</i>				

ADDRESS

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TITLE

Concealed holster

FILING FEE RECEIVED 385	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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